

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5	1	1				
6	C	C				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	1					
14						
15						
16		1				
17		1				
18		1				
19	C	C				
20		1				
21		1				
22	1					
23						
24						
25						
26		1				
27	C	C				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34	1					
35						
36						
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	29					
TOTAL CLAIMS	33					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						